

EXHIBIT 1

CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

The Commonwealth of Massachusetts R 200911
 DEPARTMENT OF PUBLIC HEALTH
 REGISTRY OF VITAL RECORDS AND STATISTICS



Commonwealth of Massachusetts
 Registry of Vital Records and Statistics
 CERTIFICATE OF DEATH



07012019

MEDICAL EXAMINER

State File # 2021 011923
 Registered # 21-37

OCME CASE # 2021-2032

DECEDENT	Place of Death	3307 WINDSOR WOODS WAY, CANTON, MA			
	Date of Death	FEBRUARY 04, 2021			
	Current Name	BIRCHMORE, SANDRA MARIE			
	Surname at Birth or Adoption	BIRCHMORE			
	AKA	---			
	Date of Birth	MAY 13, 1997	Birthplace	BOSTON, MASSACHUSETTS	
	Residence	3 WINDSOR WOODS LANE, CANTON, MASSACHUSETTS 02021			
	Race	WHITE	Education	UNKNOWN	
	Marital Status	Occupation/Industry NEVER MARRIED SUBSTITUTE TEACHER/EDUCATION			
	Last Spouse - Last, First, Middle (Surname at Birth or Adoption)	BIRCHMORE, DENISE FRANCIS (MCKAIN)			Decedent: U.S. Veteran (Most Recent) NO
Parent Name - Last, First, Middle (Surname at Birth or Adoption)	BIRCHMORE, SANDRA MARIE (BIRCHMORE)			Birthplace MASSACHUSETTS	
Parent Name - Last, First, Middle (Surname at Birth or Adoption)	BIRCHMORE, SANDRA MARIE (BIRCHMORE)			Birthplace MASSACHUSETTS	
Part I. Cause of Death - Sequentially list immediate cause then antecedent causes then underlying cause					
a. Immediate Cause (Final condition resulting in death)	ASPHYXIA BY HANGING				
b. Due to or as a consequence of:	---				
c. Due to or as a consequence of:	---				
d. Due to or as a consequence of:	---				
Interval between onset and death UNKNOWN ---					
Part II. Other significant conditions contributing to death but not resulting in underlying cause					

Manner of Death: SUICIDE					
Time of Death: 99:99					
Result of Injury: YES					
Certifier MARIA DEL MAR CAPO-MARTINEZ, MD Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118 Lic # 268066					
Funeral Licensee/Designee DAVID A CASPER Facility/Addr. CASPER FUNERAL AND CREMATION SERVICES, BOSTON, MASSACHUSETTS Lic # 6562					
Immediate Disposition CREMATION Date of Immediate Disposition MARCH 03, 2021					
Place/Address SAINT MICHAEL CREMATORIAL, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131					
Signature: Tracy K. Kennedy					
Date of Record MARCH 04, 2021 Date of Amendment MAY 21, 2021 ---					
CLERK, TOWN OF CANTON					

DATE ISSUED: MARCH 10, 2025

Jennifer M. Raymond
 Jennifer M. Raymond
 Registrar of Vital Records and Statistics

I, the above signed, hereby certify that I am the Registrar of Vital Records and Statistics; that as such I have custody of the records of birth, marriage, and death required by law to be kept in my office; and I do hereby certify that the above is a true copy from said records.

IT IS ILLEGAL TO ALTER OR REPRODUCE THIS DOCUMENT IN ANY MANNER

VOID WITHOUT WATERMARK OR IF ALTERED OR ERASED

VOID IF ALTERED OR ERASED

R-301 p. 2 of 2

BIRCHMORE

SFN: 2021 011923

CANTON 21-37 DEPOSITION # 21-11

AMENDED: MAY 21, 2021

CANTON

STATE VOL/PG: /

<i>If U.S. war veteran, specify war/conflict(s)</i>			
<i>Branch of military (most recent)</i>		<i>Rank/organization/outfit(most recent)</i>	
<i>Date entered(most recent)</i>	<i>Date Discharged (most recent)</i>	<i>Service Number(most recent)</i>	
<i>Place of Death Type DECEASED'S RESIDENCE</i>		<i>Date of Pronouncement</i>	<i>Time of Pronouncement</i>
<i>RN/NP/PA Pronouncement? Name of RN/NP/PA Pronouncing Death NO</i>		<i>Lic #</i>	
<i>RN/NP/PA Employing Agency or Institution ---</i>		<i>Name of Physician or Medical Examiner notified ---</i>	
<i>Was M.E. Notified?</i>	<i>Provider in charge of patient's care, if not certifier</i>		
<i>YES</i>	<i>---</i>		
<i>Autopsy Performed?</i>	<i>Findings available for Cause?</i>	<i>Tobacco contribute to death?</i>	<i>Pregnancy Status, if female</i>
<i>YES</i>	<i>YES</i>	<i>UNKNOWN</i>	<i>PREGNANT AT THE TIME OF</i>
<i>Date of Injury</i>	<i>Time of Injury</i>	<i>Injury at Work?</i>	<i>If Transportation Injury, specify:</i>
<i>UNKNOWN</i>	<i>UNKNOWN</i>	<i>NO</i>	<i>NOT APPLICABLE</i>
<i>Place of Injury RESIDENCE</i>	<i>Location/Address of Injury: 3307 WINDSOR WOODS WAY, CANTON, MASSACHUSETTS 02021</i>		
<i>Describe How Injury Occurred HANGED HERSELF</i>			
<i>Expanded Race: WHITE</i>			
<i>Ethnicity: AMERICAN</i>			
<i>Informant Name RAY --- COSGROVE</i>		<i>Relationship COUSIN</i>	
<i>Addr: 7 LONG HILL ROAD, AUBURN, NEW HAMPSHIRE 03032</i>			
<i>Date Disposition Permit Issued:</i>	<i>MARCH 04, 2021</i>	<i>Board of Health Agent</i>	<i>TRACY K. KENNEY</i>
<i>State Tracking No.</i>	<i>011923</i>	<i>Local Permit No.</i>	<i>21-15</i>

BASIS/REASON: OCME UNPEND COD/CAUSE OF DEATH HAS BEEN DETERMINED

EVIDENCE: MEDICAL EXAMINER UPDATE

THIS DOCUMENT IS PRINTED ON SECURITY WATERMARKED PAPER AND CONTAINS SECURITY FIBERS.
DO NOT ACCEPT WITHOUT VERIFYING THE PRESENCE OF THE WATERMARK.

THE DOCUMENT FACE CONTAINS A SECURITY BACKGROUND AND EMBOSSED SEAL. THE BACK CONTAINS
SPECIAL LINES WITH TEXT.

WARNING: